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PIN Code

Road/Street/Lane Area/Locality/Taluk City/Town/District

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5.	CONTACT DETAILS							_									
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	I would like to subscribe for Tier II Account also (If you wish to activate Tier II account subsequently, you may submit separat POP/POP-SPs rendering services under NPS and Annexure S10 is available I would like my PRAN to be printed in Hindi PENSION FUND (PF) SELECTION AND INVESTMENT OPTI (I) PENSION FUND SELECTION (Tier I): Please read belou 1. Government Sector: The following Pension Funds (PFs) will (a) LIC Pension Fund Limited (b) SBI Pension Funds (PFs) will (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limi State Government (SG)/State Autonomous Bodies (SAB) emp by the respective State Govt/Ministry. 2. All Citizen Model: Subscribers under All Citizen model have to 3. Corporate Model: Subscribers shall have the option to choose to 4. Default Choice of Pension Funds: Available in Government Name of the Pension Fund (Please select only one) LIC Pension Fund Limited SBI Pension Funds Private Limited UTI Retirement Solutions Limited ICICI Prudential Pension Funds Management Company Limited HDFC Pension Management Company Limited Birla Sunlife Pension Management Limited * Selection of one Pension Fund is mandatory for All Citizen subscribers of one Pension Fund is mandatory for All Citizen subscribers in the box given below showing your investment of Active Choice Auto Choice Please Tick (✓) in the box given below showing your investment of Active Choice Auto Choice and fill up section (iii) Will be made as per Auto Choice (LC 50). (iii) ASSET ALLOCATION (to be filled up only in case you leaved 75%) Specify % Specify %	ate applied le on CF If Ye TION* (DW CON III act joinited (c) ployees the opt the avant sector active option). if you's sector if you's sector if you's sector have sector	cation(ARA webses, pleases, pleases, pleases) UTI Res, select tion to callable Pr., if empresses and time and t	Annexure site) ase subn e refer to as befor default Petirement tion made thoose the PFs as peologee/su e Tick (Tick	set fill up so Choice of Active (ity and relative Nature IV. This narross is bank and a Choice.)	e asso son A of the g for hoice is s Ltd. his section (LC 5 on, the chair ated in solonds a like CN maximum aximum e taper E, C, C lor does the eager the control of the eager lor does in refer the control of the eager lor does in refer the control of the eager lor does do not control of the eager lor do not control of the eager	ciated Nannexu instruct the ch not exe In case in con iot exer In Gove n (iv) be 0). e Asset ce' inv truments ind relate iBS, MB: im permit m permit m permit m permit m permit m permit s and A a s not eq uity asses son of a gemaining	re II titions) torice of Co If be ig r their sultati cise o Defau Pernmo Alloc restn s; Assed instr sked instr titted E equity saset o ge 53 s portion	ation at	Pens the g Auto d, if ce in ith the e of F noice ectol cise instr opt s C-C tts; As IFs, Ir Invest vestmus s mus se app stood pg 75 bb alle	sion F overnry	runds ment e us Bo to en ble be pective msior mploy e of F s will b e debt ss A-A . 75% c pe as p and to re that shall to re that to re that to asset	s: emplodies nploy ellow. e Emplor i Fun ee / s and r lternal of the er the er the lternal obe rejean who s again who stages again	pyee/(CAE ees i ploye ds ubs nored total a asset asseted. In ca ected. at has st pe s G.	subscos)/ s not i r. r. criber l land i linstrui vestme seset al allocata matrix se, the been rmitted	does does nvestn ments; ent location matricon date bermitte	not ix of birth. ed as

(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)Funds	Please Tick (✓) Only One	Choices in Govt. sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC 75		Not available	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC 50			3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 25		Available	4. Govi. diffployed dail excluse rate offered of Asset Allocation for Ed 20 & Ed 30 only

1. DECLARATION BY SUBSCRIBER*	(Please refer to Sr no. 7 of the instructions)
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Declaration & Authorization by all subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

Declaration	under the	Prevention	of Money	Laundering Ac	t 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has

0	te right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I amount violating the provisions of any law relating to prevention of money laundering.							
Date	d d / m m / y y y y							
Place :								
		Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)						

12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 8 of the inst	ructions	s):
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Section I*

US Person*	Yes	No

Section II*

For the purposes of taxation, I am a resident in the following countries and my Permanent Account Number (PAN) / Tax Identification Number (TIN) / Functional Equivalent Number in each country is setout below or I have indicated that a PAN/TIN/functional equivalent Number is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
	Address Line 1			
Address in the jurisdiction for Tax	City/Town/Village			
Residence	State			
	ZIP/Post Code			
Permanent Account Number (PAN) / Tax Io (TIN)/Functional Equivalent Number	dentification Number			
PAN/TIN/ Functional equivalent Number Is	suing Country			
Validity of documentary evidence provided (V	Vherever applicable)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

"I certify that:

- a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid
- b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date dd / m m / y y y y 3	f 5
Place:	Signature/Thumb Impression* of Subscriber in black ink
Name of subscriber	(* LTI in case of male and RTI in case of females)
13. DECLARATION BY EMPLOYER	
Applicable to Governm	ent Subscribers only
(Subscribers Employment Details to be filled and	attested by the Deptt. (All Details are Mandatory)
Date of Joining	Date of Retirement
Employee Code/ID (If applicable)	Employee Code/ID and PPAN are optional. If you intend
PPAN (If applicable)	to provide, mention any one.
Group of Employee (Tick as applicable) Group A Gro	up B Group C Group D
Office	
Department	
Ministry	
DDO Registration Number	
DTO/PAO/CDDO/DTA/PrAO Registration Number	
Basic Pay	
Pay Scale	
It is certified that the details provided in this subscriber registration form by the address and employment details provided above are as per the serv he/she has read entries/entries have been read over to him/her by us ar	ice record of the employee maintained by us. Also, it is further certified that
Signature of the Authorised person Rubber Stamp of the DDO (In the box above) (In the box above)	Signature of the Authorised person Rubber Stamp of the DTO/PAO/CDDO/ (In the box above) DTA/PrAO (In the box above)
Designation of the Authorised Person	Designation of the Authorised Person
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO
Deptt/Ministry	Date d d / m m / y y y
14. DECLARATION BY EMPLOYER/ CORPORATE	
Applicable to Corpor	ate Subscribers only
(Subscribers Employment Details to be filled and a	attested by Corporate (All Details are Mandatory))
Date of Joining	Date of Retirement dd d / m m / y y y y
Employee Code/ID	
Corporate Regd. Number (CHO No.) Allotted by CRA	
CBO No. allotted by CRA	
Certified that the details provided in this subscriber registration form by	
Date d d / m m / y y y y	Place
Signature of the Authorised person (In the box above)	
l l	

Ver 1.10 4 of 5

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box above)

15. TO BE FILLED BY POP-SP								
Receipt No. (17 digits)		POP-SP Registration Number	r					
Document accepted for date of Birth	Proof:							
Copy of PAN card submitted YE	Copy of PAN card submitted YES NO KYC Compliance YES NO							
Documents Received:	(Originals Verified) Self Certified (Attested	d) True Copies						
Identity Verification :	Done							
Existing Customer:								
The above applicant is having an opnumber/client IDcustomer/client matches the require	Smt/Kumberative Bank/Demat/Folio/branch/off maintained atbranch/off ment for opening NPS account and are in complia		of the account) having account le with us for this er confirm that the Savings					
To be filled by POP-SP		Name:						
		Designation:	Place:					
POP-SP Seal	Signature of Authorized Signatory	Date dd/mm//	у у у у					
	To Be Filled by CRA Br	anch						
Received by		CRA-Branch						
Received at		Date d d	I I m m I y y y y					
Acknowledgement Number (by CRA-Bran	ch)							
PRAN Alloted								
	ACKNOWLEDGEMENT	 r						
Name of the Subscriber:								
Contribution Amount Remitted:	,							
Data of Descint of Application and C	antibution Associate							

Stamp and Signature of the Employer/PoP:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- b) In case, you mention the KYC number submission of proof for the same is necessary.
- c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back
- d) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
-) The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S. Item	Item Details	sion should be verified by the designated officer of POP-SP / Nodal Office. Inst	uction	ns
No No.	Personal Details	This Form is only for Resident Indians and there is a separate Form fii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Pe	rsons o	of Indian Origin (PIO) are not allowed to open PRAN.
		iii. The applicant shall mention father's name and mother's name and sh	all sele	ect the option to be printed on PRAN Card.
1 1	Spouse Name	If married, spouse name is mandatory. I. Father's name is mandatory.		
' '	Father's Name	ii. If father's name has more than 30 digits, you may fill Annexure II for t	he san	ne.
	Mother's Name	i. Mother's name is mandatoryii. If Mother's name has more than 30 digits, you may fill Annexure II for	the sa	me.
	Date of Birth	Please ensure that the date of birth matches as indicated in the documer		
	Date of Birth	S.No Proof of Identity (Copy of any one)	S.No	
		Passport issued by Government of India.	1	Passport issued by Government of India
		2 Ration card with photograph.	2	Ration card with photograph and residential address
		3 Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address
		4 Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing customer.
		5 Voters Identity card with photograph.	5	Voters Identity card with photograph and residential address
		6 Valid Driving license with photograph	6	Valid Driving license with photograph and residential address
		7 Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsidar, Mandal Revenue Officer, Judicial Magistrate etc.
		8 PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
2 2,3 & 4	Identity, Correspondence &	9 Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
2 2, 3 & 4	Permanent address details	Job cards issued by NREGA duly signed by an officer of th State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
		The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Paymen Orders issued by Govt. Departments or PSU containing address.	11	The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.
		Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber/ Claimant and showing the address (less than 2 months old)
		13 Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid) in the name of the Subscriber/Claimant and showing the address (less than 2 months old)
		14 Photo Credit card.	14 15	Latest Property/house Tax receipt (not more than one year old) Existing valid registered lease agreement of the house on stamp
			15	paper (in case of rented/leased accommodation)
		Note: (I) If the address on the document submitted for identity proof by the prosopening form, the document may be accepted as a valid proof of both (II) If the address indicated on the document submitted for identity proof d form, a separate proof of address should be obtained. All future comm If correspondence & Permanent address are different, then proof for be (III) The KYC documents may be submitted within a period of 30 days after	dentity iffers frounication oth have r gener	and address. om the current address mentioned in the account opening form, a ons will be sent to correspondence address. e to be submitted. ration of PRAN. (Only for Government Subscribers)
3 6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been a heads of state or of the government, senior politicians, senior government, important political party officials.		
4 7	Subscriber's Bank Details	For Tier I & Tier II account, Bank details are mandatory. Please attach a Canoc Code) or Bank Certificate containing Name, Bank Account Number and IFS copreprinted with name, additionally, a copy of the bank passbook or bank certification.	de, for	direct credit or electronic transfer. In case if the cheque is not
5 8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nomine the nomination(s). Sum of percentage share across all the nominees must nomination(s). Sum of percentage share across all the nominees must be will be rejected.	be equ	al to 100. If sum of percentage is not equal to accepted in the
6 10	Pension Fund (PF) Selection and Investment Option	Government employee/ subscribers can exercise choice of Pension Funds and allo Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/sub allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI Per	scribers	s does not exercises the choices of Pension Fund, their contributions will be
7 11	Declaration by Subscriber	Signature/Thumb impression should only be within the box provided in the officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Themales.		
8 12	Declaration by subscriber on FATCA Compliance	Clarification / Guidelines on filling details if applicant residence for tax purp. Jurisdiction(s) of Tax Residence: Since US taxes the global income of its for tax purpose in USA. Tax Identification Number(TIN): TIN need not be reported if it has not be issued a high integrity number with an equivalent level of identification (a that type of number for individual include, a social security/insurance nun registration number) If applicant residence for tax purpose in jurisdiction(s) within India, Perma Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country	citizen, en issu "Funct nber, ci nent A	, every US citizen of whatever nationality, is also a resident led by the jurisdiction. However, if the said jurisdiction has ional equivalent"), the same may be reported. Examples of tizen/personal identification/services code/number and resident ccount Number (PAN) to be provided as Tax Identification th is US, document evidencing Relinquishment of Citizenship
8 12	subscriber on FATCA	that type of number for individual include, a social security/insurance nun registration number) • If applicant residence for tax purpose in jurisdiction(s) within India, Perma Number (TIN)	nber, ci nent A y of Bir	tizen/personal identification/services code/nui ccount Number (PAN) to be provided as Tax I th is US, document evidencing Relinquishme

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. c) For more information / clarifications, contact CRA:

For more information / clarifications, contact CRA:

Website: https://nps.karvy.com

Call: 1800 208 1516

Address Karvy Fintech Pvt Limited

Karvy Selenium, Tower- B, Plot No 31 & 32,

Financial district, Nanakramguda, Serilingampally Mandal, Hyderabad, 500032, India.